

Client Name: _____ Client #: _____ Adm. Date: _____

Community Counseling of Central Connecticut Inc.
 53 Muir Ave Bristol, CT. 06010
 860-582-7904 www.docwarren.org
We treat people not privilege
Psychosocial Assessment Summary

Treatment History/Psychiatric: Current Age _____
Prior to age 18: None Reported Inpatient Outpatient Partial
of TX(months): 1 2 3 4 5 or more **Types:** Individual Group Family Couples/marital
Duration: 0-6 months 6-12 months More than 1 yr **Reason for D/C:** Successful completion/
 Cessation of symptoms Non-compliance Other _____ **Meds Y/N if Y list:**

After age 18: None Reported Inpatient Outpatient Partial
of TX (months): 1 2 3 4 5 or more **Types:** Individual Group Family Couples/marital
Duration: 0-6 months 6-12 months More than 1 yr **Reason for D/C:** Successful completion/
 Cessation of symptoms Non Compliance Other _____ **Meds Y/N if Y list:**

Prescribed by: _____

Reason for TX: Depressed mood Anhedonia Anxiety Social Isolation Agitation Marital
 Delusions Hallucinations Anger Outbursts Fatigue Psychomotor Retardation Flat Affect Sexual
 Low Self-Esteem Sleep Disturbance Decreased Appetite Suicidal Ideation

Medical: None Reported Heart Cancer Lung Asthma Epilepsy Paralysis Hypertension
 Tumors Migraines STD Anemia lymphoma Other _____

Current Family Circumstances: Self S/O Brother(s) Sister(s) Parent(s) Children
 Other _____ **Lives in:** Home Apt. Halfway House Shelter Other _____
Emotional: Supportive Abusive Mixed Other _____

Environment/Home: Relationship with (current and recent past) S/O Brother(s) Sister(s)
 Parent(s) Other _____ Supportive Abusive Mixed Other _____ Current Past

Need for Family Participation: None Family to Participate TBD

Family of Origin: (Siblings, childhood history, family history of mental illness/substance abuse)
 None Reported Substance abuse Mental health **On** Mother's Father's Both
Types: Depression Anxiety Psychotic D/O Bi Polar DID Personality MR ETOH
 Crack Heroin Prescription drugs Marijuana Other

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Ethnic/Cultural: (Is there anything that would significantly affect treatment).

Decline to answer Caucasian Hispanic African American Asian Alaskan Native Pacific Islander Native American Multi Racial Other _____

Employment History/Occupational: N/A Student FT PT Employed FT PT

Unemployed Seasonal **Types:** Industrial/Factory Retail Restaurant Professional Maintenance Garden/ landscape Other _____

Educational /Vocational: None Reported Still In School High School GED Some College Associates Bachelors Masters CAGS/ Fifth yr. Doctoral Other _____

Voc Agricultural Machinist Carpentry HVAC Electrical PC Other _____

Legal: None Reported DUI Possession W/W-out Intent Assault Sexual Assault Robbery Attempted Murder Murder Other _____

Served time in Prison or Jail: Y/N Length of confinement: _____ **On** Probation Parole House Other _____

Sexual Orientation/Sexual Concerns:

N/A Heterosexual Homosexual Bisexual Other _____ Active Not Active Virgin Concerns: _____

History of Abuse: Sexual Emotional Physical Victim Perpetrator Denies

Grief and Loss: Does the client see this as a large factor in current problems? **Y/N**

Death Illness General Loss **Of** Relative Spouse or S/O Friend Pet Other

Spirituality/Religion: How important does client view religion in treatment? N/A Some Very

None Reported Buddhist Christian Catholic Jewish Muslim Protestant Wiccan Mormon Jehovah's Witness Other _____

Active Not Active

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Military History: None Reported Army Navy Nat.Guard Marines Air force Active Duty
 Reserves Combat Peace Foreign Stateside Non Compliance Other

Leisure/Recreational: Adequate L/R activities-No issues in this area Inadequate L/R activities-
issues in this area **Types:** TV Music P/C Gaming Reading Hiking Shop Friends Swim
 Instrument Art Poetry Dance Skate/ Snow Board Yoga Exercise Body Building Biking
 Woodworking Other _____

Social/ Peers: Adequate peer base Inadequate Peer base Issues making friends Issues
keeping friends No Issues in this area

Current Drug Including Alcohol Use? In recovery/addicted? Y/N
 None Reported Social Drinker _____ Drinks per Day Week Month Other _____
 Marijuana Crack Heroin Cocaine Meth Prescription Other _____

General Appearance/Observations: (Affect, mood, thought content, insight etc.)
 Neat Disheveled Insightful Engaged Resistant Depressed Irritable Unresponsive Angry
 Defiant Fearful Neutral Anxious Withdrawn Uncooperative Calm Confused Trusting Manic
Affect: Flat Labile Restricted Appropriate to Content Other
Energy Level: Lethargic Appropriate Restless Hyperactive Other
Participation: Cooperative/Contributes to Session Avoidant/Poor Participation Refused to Participate

DSM IV TR:
Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____ **Current** _____ **Past Year**

Clinician Signature: _____ **Date:** _____
Dr. Warren Corson III LPC, NCC, ACS